

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-002394

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 160

Primary Registration District No. 559v

Registrar's No. 13

FILED JAN 23 1962

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>JEFF</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		c. CITY OR TOWN <u>DE SOTO</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>JEFF MEIN Hosp</u>		d. STREET ADDRESS (If outside, give location) <u>Route 2</u>	
3. NAME OF DECEASED (Type or print) First <u>PAUL</u> Middle <u>JOHNAS</u> Last <u>MUELLER</u>		4. DATE OF DEATH Month <u>JAN</u> Day <u>12</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11/21/92</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe Mfg</u>	
11. BIRTHPLACE (City and state or country) <u>St Louis Co, MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>HENRY MUELLER</u>		13b. MOTHER'S MAIDEN NAME <u>ROSINA GUERHING</u>	
14. NAME OF HUSBAND OR WIFE <u>EMMA C. MUELLER</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT <u>EMMA C. Mueller</u> Address <u>De Soto, MO</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerosis heart disease</u> DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>hemiplegia, left side</u> <u>Multiple skin graft of face</u>		PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Dec. 30, 1961</u>		20f. CITY, TOWN, OR LOCATION <u>Jan 12, 62</u>	
20g. COUNTY <u>Jefferson</u>		20h. STATE <u>MO</u>	
21. I attended the deceased from _____ and last saw her alive on <u>Jan 13, 62</u> Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Boetala Bolgar, M.D.</u> (Degree or title)		22b. ADDRESS <u>Festus Mo.</u>	
22c. DATE SIGNED <u>1/15/62</u>		23. NAME OF CEMETERY OR CREMATORY <u>CITY</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1/15/62</u>	
23c. LOCATION (City, town, or county) <u>DE SOTO</u>		23d. STATE <u>MO</u>	
24. FUNERAL DIRECTOR <u>MAHN Funeral Home De Soto, MO</u>		25. DATE REC'D BY LOCAL REG. <u>1/15/62</u>	
26. REGISTRAR'S SIGNATURE <u>Wm. G. [Signature]</u>		27. DEPUTY REGISTRAR'S SIGNATURE <u>R. [Signature]</u>	

(Licensed Embalmer's Statement on Reverse Side)

*J. Sigant*

JAN 25 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Samuel J. Mahr*

Licensed Embalmer No.

*4326*

P. O. Address

*Deloto, Md*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.